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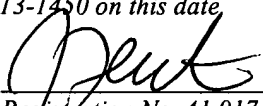
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re U.S. Patent Application)
)
Applicant: Erin M. Johnson)
)
Serial No. 10/613,330)
)
Filed: July 3, 2003)
)
For: CONSTRAINED ACETABULAR)
LINER)
)
)
Art Unit: 3738)
)
Examiner: David J. Isabella)

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August 26, 2004


Registration No. 41,017
Attorney for Applicants

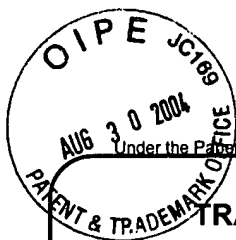
AMENDMENT A

Mail Stop Non-Fee Amendment
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Dear Sir:

In response to the office action mailed August 11, 2004, please amend the Application

as follows:



PTO/SB/21 (02-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/613,330	
	Filing Date	July 3, 2003	
	First Named Inventor	Erin M. Johnson	
	Art Unit	3738	
	Examiner Name	David J. Isabella	
Total Number of Pages in This Submission	11	Attorney Docket Number	IOI-439

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Return Receipt Postcard	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jonathan D. Feuchtwang, Reg. No. 41,017 Zimmer Technology, Inc.
Signature	
Date	26 Aug 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
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Date	26 Aug 02

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